

2241

Mrs. Sparks

251

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

State File No.

1. PLACE OF DEATH

County MaricopaState ARIZONA

Registered No.

Township

or Village

City

Chandler

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 0 ds.How long in U. S. if of foreign birth? 3 yrs. 0 mos. 0 ds.2. FULL NAME Bruce Hodge LutrickHow long in state when death occurred? 3 yrs. 0 mos. 0 ds.

(a) Residence:

Chandler, Arizona

(Usual place of abode)

(If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WID-
OWED, or DIVORCED, (Write
the word) Married

6a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Lessie Lutrick6. DATE OF BIRTH (month, day, and year) Oct. 22, 1891

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.4806

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Laborer9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Ranch10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or Country)Unknown

FATHER

13. NAME George Butler Lutrick14. BIRTHPLACE (city or town)
(State or Country)La.

MOTHER

15. MAIDEN NAME Millie Alrite16. BIRTHPLACE (city or town)
(State or Country)La.17. INFORMANT
(Address)Lessie Lutrick
Chandler, Arizona

18. BURIAL, CREMATION, OR REMOVAL

Place Mesa, ArizonaDate 11-6-39

19. EMBALMER

License No. 228-ASignature R. H. Daybell

FUNERAL

Meldrum Mortuary

DIRECTOR

Address

Mesa, Arizona

20. Filed

11-101939J. M. [Signature]
[Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 28, 193922. I HEREBY CERTIFY, That I attended deceased from
DID NOT SEE ALIVE, 19 , to , 19 .I last saw h. alive on , 19 ; death is
said to have occurred on the date stated above, at 9 P. m.The principal cause of death and related causes of
importance were as follows:FRACTURE OF SKULLINTERNAL HEMORRHAGE OF
BRAIN

Date of Onset

Other contributory causes of importance:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (violence) fill in also the fol-
lowing:Accident, suicide, or homicide Accident Date of injury 10-28-39Where did injury occur? 5 mi. S. Chandler, ARIZ.

(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public

place public placeManner of injury auto collisionNature of injury

24. Was disease or injury in any way related to occupation of de-

ceased? If so, specify (Signed) Mrs. Sparks(Address) Justice of Peace

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.